



**Examinee-Family/ Referral Source  
Complaint Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility/Doctor: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_ Referred By: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
**Describe your complaint or concern: (write on the back if you require more room)**

**Action Requested: (write on the back if required more room)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMIN / CORPORATE OFFICE**

Date Received:  
Examinee Contact (Date):

Status of Complaint and Resolution (Date):

Written notification of Remedial Action (Date):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_